

## HUMAN SERVICES - DSHS

Program 070

### DSHS - Alcohol And Substance Abuse

#### Recommendation Summary

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
<b>2003-05 Expenditure Authority</b>	97.3	81,332	154,895	236,227
<b>Total Maintenance Level</b>	98.9	83,112	161,204	244,316
Difference	1.7	1,780	6,309	8,089
Percent Change from Current Biennium	1.7%	2.2%	4.1%	3.4%
<b>Performance Changes</b>				
Problem Gambling			1,500	1,500
Lease, Medical Inflation, and Equipment Reduction		(20)	(4)	(24)
Targeted Vendor Rate Increase		917	764	1,681
Washington Federation of State Employees Cost of Living Adjustment/Salary Survey		116	25	141
Super Coalition Health Benefits		90	20	110
Performance Pay		65	19	84
Nonrepresented Employees Cost of Living Adjustment		261	80	341
Nonrepresented Employees Health Benefit Change		72	22	94
Pension Method Change		(248)	(67)	(315)
Nonrepresented Salary Survey Implementation		32	20	52
General Inflation		(112)	(150)	(262)
Transfers	(.5)	(26)	(6)	(32)
Expanding Preventative Medical Services	3.0	33,828	20,239	54,067
CDPs in State Hospitals		550		550
CD Intensive Case Management		792		792
Public Safety and Education Account Elimination		2,069	(2,069)	
<b>Subtotal</b>	2.5	38,386	20,393	58,779
<b>Total Proposed Budget</b>	101.4	121,498	181,597	303,095
Difference	4.2	40,166	26,702	66,868
Percent Change from Current Biennium	4.3%	49.4%	17.2%	28.3%
<b>Total Proposed Budget by Activity</b>				
Chemical Dependency Prevention Services	7.0	2,774	17,872	20,646
Community Based Drug and Alcohol Treatment Services	24.6	49,917	113,026	162,943
DASA Administration	38.7	8,849	5,305	14,154
Residential Drug and Alcohol Treatment Services	13.0	49,497	38,168	87,665
Support Services for Clients Receiving Drug and Alcohol Treatment	18.1	9,734	7,026	16,760
Compensation Cost Adjustment		727	200	927
<b>Total Proposed Budget</b>	101.4	121,498	181,597	303,095

## PERFORMANCE LEVEL CHANGE DESCRIPTIONS

### **Problem Gambling**

Funding is provided to resume and expand the agency's program to prevent and treat problem and pathological gambling. Executive request legislation creates this account and funds it from taxes on private-sector gambling revenue and a set-aside of Lottery proceeds.

### **Lease, Medical Inflation, and Equipment Reduction**

Eliminates lease, medical inflation, and equipment funding requests.

### **Targeted Vendor Rate Increase**

Funding is provided for a targeted vendor rate increase. The increase is driven by targeted base vendor payments, which represent services by vendors the Office of Financial Management (OFM) identified as most in need of rate adjustments. The funded level represents a 1.5 percent increase for FY 2006 and 2.0 percent for FY 2007, and is based on annual inflation estimates.

### **Transfers**

Funding and FTE staff are transferred to centralize funding for certain functions currently split among various administrations. (General Fund-State, General Fund-Federal)

### **Expanding Preventative Medical Services**

Alcohol and drug treatment service levels are increased for adults with co-occurring, but chemically dependent related problems. The recipients of these services often require emergency services from other programs in DSHS such as medical, mental health, and long term care. The expansion of the program will be phased in over the biennium with the goal to reach 40% penetration by the end of Fiscal Year 2006 and 60 percent penetration of potential clients by the end of Fiscal Year 2007. Savings are represented in the budgets for Medical Assistance, Long Term Care, and Mental Health. (General Fund-State, General Fund-Federal)

### **CDPs in State Hospitals**

Funding is provided to support the placement of chemical dependency professionals (CDPs) at both Eastern State and Western State Hospitals. CDPs will coordinate placement of clients needing chemical dependency (CD) treatment into community resources upon discharge. In addition, they will provide consultation and training to hospital staff and could provide other CD services as needed including assessments to determine the level of CD diagnosis and treatment required. This item is part of the department's Cross System Crisis initiative. (General Fund-State, General Fund-Federal)

### **CD Intensive Case Management**

Funding is provided for the placement of Chemical Dependency Case Managers (CDCM) in two pilot sites, one suburban and one urban. Some chemically dependent individuals utilize tens to hundreds of thousands of dollars worth of crisis services each year. Many times they are not effectively treated and/or managed, so they end up in a revolving door of emergency room visits, hospitalization, jail, detoxification, and emergency services. CDCMs will help these individuals achieve and maintain stability by advocating for their needs and navigating access to community resources. A study will be conducted to determine the impact on service utilization. This proposal is part of the Cross System Crisis Initiative.

### **Public Safety and Education Account Elimination**

Concurrent with executive request legislation eliminating revenues to the Public Safety and Education Account (PSEA – Fund 02V), expenditures from the PSEA are transferred to the General Fund. All revenue sources previously deposited to the PSEA shall be deposited to the General Fund. (General Fund-State, Public Safety and Education Account-State)

## ACTIVITY DESCRIPTIONS

### **Chemical Dependency Prevention Services**

Prevention Services are contracted by the Division of Alcohol and Substance Abuse (DASA) through counties, the Office of the Superintendent of Public Instruction, or with community-based providers. Prevention Services are designed to prevent or reduce the misuse and abuse of alcohol, tobacco, and other drugs.

## **HUMAN SERVICES - DSHS**

### **Community Based Drug and Alcohol Treatment Services**

County-managed services are community-based, non-residential treatment services. The Division of Alcohol and Substance Abuse (DASA) contracts directly with counties and tribes for outpatient treatment services. Counties, in turn, contract with the provider networks in their communities. Services include, but are not limited to, assessment, outpatient treatment, triage services including non-hospital detoxification services, outreach, intervention, referral, and opiate substitution treatment. To the extent that clients are Medicaid-eligible, the counties use Medicaid matching funds to maximize available services.

### **DASA Administration**

The Alcohol and Substance Abuse Program helps people avoid and recover from alcoholism and drug addiction. Through a statewide network of prevention, public education, treatment, and support services, the program provides people with the tools necessary to establish and maintain alcohol and drug-free lifestyles. Program Support provides the administrative support for alcohol and substance abuse services. Activities include statewide program development, strategic planning, information system management, personnel, budget oversight, and research and evaluation.

### **Residential Drug and Alcohol Treatment Services**

Residential treatment services are contracted directly by the Division of Alcohol and Substance Abuse (DASA) and are designed to provide indigent, low-income individuals and their families, who are experiencing a range of abuse and addiction problems, with a continuum of certified treatment services. Services are designed to address the gender, age, culture, ethnicity, and sexual orientation of individuals and their families, with the goals of abstinence from alcohol and other drugs and reducing the harmful effects of these substances on people's lives. Residential services include adult intensive inpatient treatment; long-term, recovery house, involuntary treatment; and youth and pregnant/postpartum treatment.

### **Support Services for Clients Receiving Drug and Alcohol Treatment**

Support Services assists clients in treatment, or their dependents. Support services are contracted directly by the Division of Alcohol and Substance Abuse (DASA) and include special programs for youth and pregnant/postpartum women, Fetal Alcohol Syndrome, counselor training, interpreter services, childcare, Native American government-to-government contracts, and the Treatment Accountability for Safe Communities (TASC).

### **Compensation Cost Adjustment**

This item reflects proposed compensation and benefit cost adjustments that were not allocated to individual agency activities. The agency will assign these costs to the proper activities after the budget is enacted.